



PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/625,236
Filing Date	JULY 22, 2003
First Named Inventor	HELEN CASTIGLIA
Art Unit	2875
Examiner Name	STEPHAN F. HUSAR
Attorney Docket Number	CASTIGLIA - 1

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	BERNARD S. HOFFMAN				
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City	PORT JEFFERSON STATION	State	NEW YORK	Zip	11776
Country	U.S.A.				
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I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	HELEN CASTIGLIA		
Date	1/18/05	Telephone	(631) 281-4010

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

\*Total of 1 forms are submitted.

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PTO/SB/81 (11-04)

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/625,236
	Filing Date	JULY 22, 2003
	First Named Inventor	HELEN CASTIGLIA
	Title	DECORATIVE LIGHTING SYSTEM...
	Art Unit	2875
	Examiner Name	STEPHAN F. HUSAR
	Attorney Docket Number	CASTIGLIA1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: \_\_\_\_\_

OR

 Practitioner(s) named below:

Name	Registration Number
BERNARD S. HOFFMAN	30,756

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	BERNARD S. HOFFMAN				
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Country	U.S.A.				
Telephone	(631) 331-8883	Fax	(631) 331-8883		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Heleen Castiglia</i>	Date	1/18/05
Name	HELEN CASTIGLIA	Telephone	(631) 281-4010
Title and Company	APPLICANT		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below\*.

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